

Disorders of the Nervous System and Mind Involving Enteroendocrine Cells in the Gut

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Introduction

Three recent systematic reviews that summarise the effects of exercise in fibromyalgia include meta-analyses of RCTs. Aerobic exercise programmes have been shown to increase physical fitness and health-related quality of life (HRQOL), as well as to reduce depression, weariness, and pain. The amount of effect (effect size) for programmes including aerobic, strength, combined, and aquatic exercise is compiled. Physical performance and overall well-being have both significantly improved as a result of strength training. It was also proven that combined exercise training, which combines aerobic, strength, and flexibility activities, significantly reduced pain and improved physical function [1].

Description

These studies demonstrate the benefits of aquatic exercise and imply that land-based aerobic exercise might not be superior than aquatic aerobic exercise. A meta-analysis was carried out to examine the benefits of aerobic, strength, or mixed aerobic and strength exercise on overall wellbeing in fibromyalgia patients and found a small but statistically significant favorability for exercise. When considering the advantages of exercise for fibromyalgia sufferers, it is essential to take into consideration any potential drawbacks, such as a rise in symptoms (such as pain, stiffness, and exhaustion), and musculoskeletal problems. Although they are frequent and may be related to high rates of RCT dropout, adverse events have not always been documented. According to a recent analysis, the average dropout rate for aerobic exercise groups is 22%, which is greater than the 10% dropout rate for untreated control groups (P 0.05) [2-4].

This subject is particularly important to patients with prolonged COVID since more than 60% of them develop post-exertional malaise (PEM), which is the same in patients with myalgic encephalomyelitis. Pacing or other cognitive techniques can be advised (either alone or in conjunction with exercise treatment) in these circumstances, and exercise should be administered with caution. Maximizing the effectiveness of treatment also requires the treatment of concurrent symptoms, especially those with a nociplastic pain profile that may interact and exacerbate pain, such as sleep problems, exhaustion, dyspnea, or autonomic abnormalities. In reality, if associated variables are not addressed in addition to treating underlying pain mechanisms (i.e., lowering central sensitization in the nociplastic post-COVID pain phenotype), effective outcomes are less likely to occur [5].

Conclusion

Patients have permanent functional abnormalities after recovering from

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moderate to severe ARDS-related COVID-19 damage. Exercise is crucial for pulmonary rehabilitation following discharge. Exercise-limiting cardiovascular stress, dyspnea, and exhaustion are provided by CONC workouts despite being safe and the accepted type of training. As a result, decreased tolerance and training compliance might greatly diminish potential benefits. Contrarily, ECC is a state-of-the-art method of training that is commonly used by athletes but considerably less frequently in therapeutic settings. According to recent research, COPD patients who exercise with ECC as compared to CONC have noticeably larger increases in their functional ability and muscle mass as well as less complaints of weariness and dyspnea. There are, however, little outpatient data after COVID-19.

Acknowledgement

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Conflict of Interest

None.

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